

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF CHILD CARE LICENSING**

<http://www.azdhs.gov/als/childcare/index.htm>

**Child Care Group Home  
Initial Certification  
Application  
Packet**

**This Packet includes:**

- 1. Steps to Certification**
- 2. Guidelines for Fingerprinting Registration**
- 3. Criminal History Affidavit**
- 4. Notarized Certification Application Form**
- 5. Controlling Persons**
- 6. Attachment to Application**
- 7. Child Care Information Sheet**
- 8. Indoor Floor Plan**
- 9. Outdoor Site Plan**
- 10. Applicant, Staff and Resident Report**

**The initial notarized certification application packet is valid for 180 days from the date of Office of Child Care Licensing receipt. If certification is not complete during this time a new notarized certification application packet and fee will be required.**

**AMERICANS WITH DISABILITIES ACT**

This publication can be made available in alternative format. Please contact the Office of Child Care Licensing at (602) 364-2539 or toll free at 1-800-615-8555, or log on to <http://www.azdhs.gov/als/childcare/index.htm>

## STEPS TO CHILD CARE GROUP HOME CERTIFICATION

1. **Contact** local zoning office to obtain the proper permit

**NOTE:** It is the policy of the Department to require that each child care group home be operated in compliance with local zoning requirements. Although the Department will not be requesting any documentation confirming this requirement at this time, it is important that you are aware of your obligation to comply with the local laws, including zoning, building and fire.

2. **Call** DPS to request fingerprint information, (see attached form: Guidelines For Fingerprinting Registration)
3. **Submit** completed Child Care Group Home Initial Certification Application Packet to the appropriate ADHS Office:

OFFICE OF CHILD CARE LICENSING 150 NORTH 18TH AVENUE, STE. 400 PHOENIX, ARIZONA 85007 Phone: (602) 364-2539	OFFICE OF CHILD CARE LICENSING 400 WEST CONGRESS, STE. 100 TUCSON, ARIZONA 85701 Phone: (520) 628-6540	OFFICE OF CHILDCARE LICENSING 1500 EAST CEDAR AVENUE, STE. 22 FLAGSTAFF, ARIZONA 86004 Phone: (928) 774-2707
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4. **Contact** a licensed plumber or a person licensed by the State to conduct inspections or repairs of gas lines or heating devices (if applicable)
5. **Obtain** any agricultural land owners/lessees names and addresses within ¼ mile of the group home. If applicable, obtain a copy of the Buffer Zone requirement and records that the agreement is in the Office of the County Recorder as a restrictive covenant running with the title to the land.
6. **Attend** the Department Provided Orientation, (applicant & provider, if provider is different than the applicant)

### **Include the Following:**

- ☐ Notarized Certification Application Form for Child Care Group Home
- ☐ Controlling Persons form
- ☐ *Attachment to Application*
- ☐ Child Care Information Sheet
- ☐ Copy of Buffer Zone requirement recorded with the Office of the County Recorder as a restrictive covenant running with the title to the land (if applicable).
- ☐ Indoor Floor Plan
- ☐ Outdoor Site Plan
- ☐ \$30 fee (certified or business check, or money order) made payable to the Arizona Department of Health Services
- ☐ A copy of the Applicant's current and valid *Fingerprint Clearance Card*
- ☐ An original notarized *Criminal History Affidavit* of the applicant
- ☐ A copy of the Department's *Certificate of Completion* verifying attendance of Orientation for applicant & provider, if provider is different from the applicant
- ☐ Applicant's copy of high school diploma or equivalent, AA or BA degree
- ☐ A copy of the Provider's Arizona Driver's License/ID issued by the Motor Vehicle Department
- ☐ A copy of the Provider's high school diploma or equivalent, AA or BA degree, **and** documentation of 3 credit hours or 60 clock hours of training, **or** documentation of registration as a Level II-B with S\*CCEEDS
- ☐ *Applicant, Staff and Resident Report*

### **Have the following available at the time of the inspection:**

- ☐ Violation-free gas inspection (if applicable)
- ☐ Certificates of Liability (\$100,000.00 minimum) and auto insurance (if applicable)

**Upon receipt of complete and approved Application packet, including required documents as listed under Number 5, an initial inspection will be scheduled with the applicant/provider at the home by the licensing surveyor.**

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF CHILD CARE LICENSING  
GUIDELINES FOR FINGERPRINTING REGISTRATION**

1. Call the Department of Public Safety (D.P.S.) for Fingerprint Clearance Card Application Packet at (602) 223-2279. Included in the packet is:
    - a. *Roll card*
    - b. *Applicant Fingerprint Card Instructions*
    - c. *Applicant Fingerprint Clearance Card Application*
    - d. *Fingerprint Clearance Card Eligibility Information*
  2. Read instructions, and complete packet. Mark:
    - a. 36-897(01) & 36-897(03) to work for Small Group Homes or
    - b. 36-883(02) & 36.882 to work for a Center
  3. Call your Department of Health Services (D.H.S.) regional office at:  
Phoenix – (602) 364-2539, Flagstaff – (928) 774-2707, or Tucson – (520) 628-6540 for a *Criminal History Affidavit* form.  
Place original *Criminal History Affidavit* and copy of the *Applicant Fingerprint Clearance Card Application* in employee(s) personnel file.
  4. **Pursuant to A.R.S. § 36-883(02)(A)...the fingerprint application packet must be mailed within seven working days of applicant's employment or beginning volunteer work.**  
Mail the rest of the packet with a check or money order to:  
D.P.S. Applicant Clearance Card Team  
P.O. Box 18390  
Phoenix, Arizona 85005-8390
- ☛ **It is recommended that D.P.S. be called to document the status of a Clearance Card if it has not been received within 3 months.**
5. **After receipt of Clearance Card;**
    - o Make 1 copy of the card for the employee's personnel file.
- ☛ **If an employee works in more than one Facility, copies of the Clearance Card and an original *Criminal History Affidavit* must be on file at each location.**
6. New hires who have previously been fingerprinted and possess a Clearance Card:
    - a. Have the employee fill out and notarize a *Criminal History Affidavit* the first day of hire.
    - b. Place original *Criminal History Affidavit* in the employee(s) personnel file.
    - c. It is REQUIRED that D.P.S. be called to document the status of a Clearance Card within seven working days of hire.
    - d. Copy the Clearance Card for the employee's personnel file.

**NOTE: WHEN SUBMITTING AN APPLICATION FOR NEW OR RENEWAL OF LICENSE/CERTIFICATE, COPIES OF FINGERPRINT CLEARANCE CARDS AND CRIMINAL HISTORY AFFIDAVITS MUST BE PROVIDED TO THE DEPARTMENT FOR SIGNATORIES OF THE APPLICATION.**

**RENEWAL OF FINGERPRINT CLEARANCE CARDS**

**NOTE:** Upon renewal of an expiring *Fingerprint Clearance Card*, a new *Criminal History Affidavit* must also be completed and the original kept on file at the facility. A copy of the *Fingerprint Clearance Card Application* and the new *Fingerprint Clearance Card*, upon receipt, must be on file at the facility.

# ARIZONA DEPARTMENT OF HEALTH SERVICES

## OFFICE OF CHILD CARE LICENSING

### CRIMINAL HISTORY AFFIDAVIT

**Prior to applying for a Fingerprint Clearance Card, read the following carefully to determine if you are eligible to receive a Fingerprint Clearance Card.**

Applicant's Name (First, Middle, Last) / Birthdate / Area Code and Phone #

Applicant's Address (#, Street, City, State, Zip)

Facility Name

Facility Address (#, Street, City, State, Zip)

CDC/SGH # / Arizona Department of Public Safety Application #

Pursuant to A.R.S. § 36-883.02(H), for purposes of this section, "child care personnel" means any employee or volunteer working at a child care facility. Pursuant to A.R.S. § 36-897.03(I), for purposes of this section, "child care personnel" means all employees of and persons who are eighteen years of age or older and who reside in a child care group home that is certified by the department.

Pursuant to A.R.S. § 36-883.02(C) and 36-897.03(B), child care personnel shall certify on forms that are provided by the department and notarized that:

**True False**

- ☐ ☐ 1. I am not awaiting trial on or have never been convicted of or admitted in open court or pursuant to a plea agreement committing any of the offenses listed in A.R.S. § 41-1758.03(B) for centers, (B) or (C) for Group Homes, in this state or similar offenses in another state or jurisdiction. (See attached list)
- ☐ ☐ 2. I am not a parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 8-201. (See attached)
- ☐ ☐ 3. a. For Centers: I have not been denied or had revoked a certificate to operate a child care group home or a license to operate a child care facility in this or any other state or I have not been denied or had revoked a certificate to work in a child care facility or a child care group home.
- b. For Group Homes: I have not been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state or had a license to operate a child care facility or a certificate to operate a child care group home revoked for reasons that relate to the endangerment of the health and safety of children.

Pursuant to A.R.S. § 36-883.02(E), and A.R.S. § 36-897.03(E), the notarized forms are confidential.

Pursuant to A.R.S. § 36-883.02(F), a child care facility shall not allow a person to be employed or volunteer in the facility in any capacity if the person has been denied a fingerprint clearance card pursuant to Title 41, Chapter 12, Article 3.1 or has not received an interim approval from the Board of Fingerprinting pursuant to A.R.S. § 41-619.55(I). (See attached)

Pursuant to A.R.S. § 36-897.03(F), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.03, subsection B, paragraph 2 or 3 of this section is prohibited from being registered as child care personnel and from being employed in any capacity in a child care group home.

Pursuant to A.R.S. § 36-897.03(G), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.03, subsection C shall not work in a child care group home without direct visual supervision unless the person has applied for and received the required fingerprint clearance card pursuant to §41-1758 and is registered as child care personnel. A person who is subject to this subsection shall not be employed in any capacity in a child care group home if that person is denied the required fingerprint clearance card.

Pursuant to A.R.S. § 36-883.02(G), and A.R.S. § 36-897.03(H), the employer shall notify the department of public safety if the employer receives credible evidence that any child care personnel either:

1. Is arrested for or charged with an offense listed in A.R.S. § 41-1758.03(B).
2. Falsified information on the form required by subsection C for Centers, B for Group Homes, of this section.

Applicant's Name (print) \_\_\_\_\_

#### NOTARIZATION

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Applicant's Signature \_\_\_\_\_

State of Arizona, County of \_\_\_\_\_ )  
 )ss )

Subscribed and sworn before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public's Signature

**A.R.S. § 41-1758.03 Fingerprint clearance cards; issuance**

B. A person who is subject to registration as a sex offender in this state or any other jurisdiction or who is awaiting trial on or who has been convicted of committing or attempting or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a fingerprint clearance card:

1. Sexual abuse of a minor.
2. Sexual abuse of a vulnerable adult.
3. Incest.
4. First or second degree murder.
5. Sexual assault.
6. Sexual exploitation of a minor.
7. Sexual exploitation of a vulnerable adult.
8. Commercial sexual exploitation of a minor.
9. Commercial sexual exploitation of a vulnerable adult.
10. Child prostitution as prescribed in section 13-3212.
11. Child abuse.
12. Abuse of a vulnerable adult.
13. Sexual conduct with a minor.
14. Molestation of a child.
15. Molestation of a vulnerable adult.
16. A dangerous crime against children as defined in section 13-604.01
17. Exploitation of minors involving drug offenses.
18. Taking a child for the purposes of prostitution as prescribed in section 13-3206.
19. Neglect or abuse of a vulnerable adult.

C. A person who is awaiting trial on or who has been convicted of committing or attempting or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a fingerprint clearance card, except that the person may petition the board of fingerprinting for a good cause exception pursuant to section 41-619.55:

1. Manslaughter.
2. Endangerment.
3. Threatening or intimidating.
4. Assault.
5. Unlawfully administering intoxicating liquors, narcotic drugs or dangerous drugs.
6. Assault by vicious animals.
7. Drive by shooting.
8. Assaults on officers or fire fighters.
9. Discharging a firearm at a structure.
10. Indecent exposure.
11. Public sexual indecency.
12. Aggravated criminal damage.
13. Theft.
14. Theft by extortion.
15. Shoplifting.
16. Forgery.
17. Criminal possession of a forgery device.
18. Obtaining a signature by deception.
19. Criminal impersonation.
20. Theft of a credit card or obtaining a credit card by fraudulent means.
21. Receipt of anything of value obtained by fraudulent use of a credit card.
22. Forgery of a credit card.
23. Fraudulent use of a credit card.
24. Possession of any machinery, plate or other contrivance or incomplete credit card.
25. False statement as to financial condition or identity to obtain a credit card.
26. Fraud by persons authorized to provide goods or services.
27. Credit card transaction record theft.
28. Misconduct involving weapons.
29. Misconduct involving explosives.
30. Depositing explosives.
31. Misconduct involving simulated explosive devices.
32. Concealed weapon violation.
33. Enticement of any persons for purposes of prostitution
34. Procurement by false pretenses of any person for purposes of prostitution.
35. Procuring or placing persons in a house of prostitution.
36. Receiving earnings of a prostitute.
37. Causing one's spouse to become a prostitute.
38. Detention of persons in a house of prostitution for debt.
39. Keeping or residing in a house of prostitution or employment in prostitution.
40. Pandering.
41. Transporting persons for the purpose of prostitution or other immoral purposes.
42. Possession and sale of peyote.
43. Possession and sale of a vapor-releasing substance containing a toxic substance.
44. Sale of precursor chemicals.
45. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs.
46. Manufacture or distribution of an imitation controlled substance.
47. Manufacture or distribution of an imitation prescription-only drug.
48. Manufacture or distribution of an imitation over-the-counter drug.
49. Possession or possession with intent to use an imitation controlled substance.
50. Possession or possession with intent to use an imitation prescription-only drug.
51. Possession or possession with intent to use an imitation over-the-counter drug.
52. Manufacture of certain substances and drugs by certain means.
53. Adding poison or other harmful substance to food, drink or medicine.
54. A criminal offense involving criminal trespass and burglary under title 13, chapter 15.
55. A criminal offense involving organized crime and fraud under title 13, Chapter 23.
56. Child neglect.
57. Misdemeanor offenses involving contributing to the delinquency of a minor.
58. Offenses involving domestic violence.
59. Arson.
60. Kidnapping.
61. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs.
62. Robbery
63. Aggravated assault.
64. Felony offenses involving contributing to the delinquency of a minor.

**A.R.S. § 8-201. Definitions**

In this title, unless the context otherwise requires:

13. "Dependent child":

(a) Means a child who is adjudicated to be:

- (i) In need of proper and effective parental care and control and who has no parent or guardian, or one who has no parent or guardian willing to exercise or capable of exercising such care and control.
- (ii) Destitute or who is not provided with the necessities of life, including adequate food, clothing, shelter or medical care, or whose home is unfit by reason of abuse, neglect, cruelty or depravity by a parent, a guardian, or any person having custody or care of the child.
- (iii) Under the age of eight years and who is found to have committed an act that would result in adjudication as a delinquent juvenile or incorrigible child if committed by an older juvenile or child.
- (iv) Incompetent or not restorable to competency and who is alleged to have committed a serious offense as defined in section 13-604.

(b) Does not include a child who in good faith is being furnished Christian Science treatment by a duly accredited practitioner if none of the circumstances described in subdivision (a) of this paragraph exists.

**A.R.S. § 41-619.55 Good cause exceptions; revocation**

I. Pending the outcome of a good cause exception determination, the board or its hearing officer may issue interim approval in accordance with board rule to continue working to a good cause exception applicant.

G:\Forms\Criminal History Affidavit.doc(11/03) CCL form - 285

# ARIZONA DEPARTMENT OF HEALTH SERVICES

## Office of Child Care Licensing

### NOTARIZED CERTIFICATION APPLICATION FORM FOR CHILD CARE GROUP HOME

1. Name of Applicant \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Name of individual or business organization applying for certification)

2. Name of Child Care Group Home (if applicable) \_\_\_\_\_

3. Group Home Address \_\_\_\_\_  
City Zip County

4. Mailing Address of Applicant \_\_\_\_\_  
(if different than the residence) City State Zip

5. Phone Number of the Residence \_\_\_\_\_ Fax Number \_\_\_\_\_

6. Phone Number of Applicant (if different than residence) \_\_\_\_\_

7. Name of Provider, (if different than the applicant) \_\_\_\_\_  
(the person whose principal place of residence is the child care group home and who is designated by the applicant to act on behalf of the certificate holder to be responsible for the daily on-site operation of the child care group home)

8. List of Controlling Persons, (See other side)

9. TYPE OF BUSINESS ORGANIZATION - CHECK ALL SECTIONS THAT APPLY & THE ATTACHMENT TO APPLICATION

- ☐ Individual – Per R9-3-103, application must be signed by the individual  
☐ Corporation – Per R9-3-103, application must be signed by an officer of the corporation  
☐ Partnership – Per R9-3-103, application must be signed by one of the partners  
☐ Limited Liability Company – Per R9-3-103, application must be signed by a manager or if no manager, a member of the LLC  
☐ Association or Cooperative – Per R9-3-103, application must be signed by a member of the governing board  
☐ Joint Venture – Per R9-3-103, application must be signed by one of the individuals signing the joint venture agreement  
☐ Business Organization other than those listed above – Per R9-3-103, application must be signed by an individual who is a member of the business org.

I project I will be ready for an inspection by \_\_\_\_\_.  
(MM/DD/YY)

Upon receipt of a complete application, a Licensing Surveyor will contact you to set up an appointment.

**I am at least 21 years of age.**

**I am the individual designated under R9-3-103 and have the authority to sign on behalf of the applicant.**

**I affirm that no Controlling Person has been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state, unless the denial was based on the controlling person's failure to complete the certification or licensing process according to a required time-frame.**

**I affirm that no Controlling Person has had a certificate to operate a child care group home or a license to operate a child care facility revoked or suspended in this state or another state for reasons that relate to endangerment of the health and safety of children.**

**I agree to allow the Department to submit supplemental requests for information.**

**I have read and will comply with A.R.S. Title 36, Chapter 7.1, Article 4 and this Chapter.**

**I have sufficient financial resources to comply with A.R.S. Title 36, Chapter 7.1, Article 4 and this Chapter.**

**I affirm that I am aware of my obligation to comply with local laws, including zoning, building and fire.**

**Under penalty of law, I declare that the information provided in the application, including the information in the documents attached is accurate and complete.**

Print Name/Title

Signature

(Signature must be original and notarized and no correction fluid may be used)

State of Arizona, County of \_\_\_\_\_

)  
)ss  
)

Subscribed and sworn before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By \_\_\_\_\_  
(name of signatory)

My Commission Expires: \_\_\_\_\_

*Notary Public's Signature*

## CONTROLLING PERSONS

A.R.S. § 36-881. defines Controlling Persons as a person who:

- Has through ownership, the power to vote at least ten per cent of the outstanding voting securities.
- If the applicant or licensee is a partnership, is the general partner or a limited partner who holds at least ten percent of the voting rights of the partnership.
- If the applicant or licensee is a corporation, an association or a limited liability company, is the president, the chief executive officer, the incorporator, an agent or any person who owns or controls at least ten per cent of the voting securities.
- Holds a beneficial interest in ten percent or more of the liabilities of the applicant or the licensee.

Printed Name	Title	Address	Social Security # *	Date of Birth

**Applicant's Statutory Agent or the individual designated by the applicant to accept service of process and subpoenas for the applicant:**

Name		Address	
Phone Number	Fax Number		

**\*Social Security Number is required by Arizona Administrative Code R9-3-201(B)(1) for issuance of a child care certificate. Social Security Numbers are confidential and will be redacted from public files.**

**CHILD CARE GROUP HOME ATTACHMENT TO APPLICATION**

**COMPLETE ALL SECTIONS THAT APPLY**

☐ **INDIVIDUAL**

☐ **CORPORATION:**

Primary contact person \_\_\_\_\_  
Name Address

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
- ☐ b. A copy of the Articles of Incorporation
- ☐ c. A Certificate of Good standing issued to the applicant by the Arizona Corporation Commission and dated no earlier than six months before the date of application

☐ **PARTNERSHIP**

Primary contact person \_\_\_\_\_  
Name Address

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
- ☐ b. A copy of the Partnership documents

☐ **LIMITED LIABILITY COMPANY**

Primary contact person \_\_\_\_\_  
Name Address

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
- ☐ b. A certificate of good standing or a registration of good standing issued to the applicant by the Arizona Corporation Commission and dated no earlier than six months before the date of application

☐ **ASSOCIATION OR COOPERATIVE**

Primary contact person \_\_\_\_\_  
Name Address

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
- ☐ b. A copy of the Business Organization's Articles

☐ **JOINT VENTURE**

Primary contact person \_\_\_\_\_  
Name Address

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
- ☐ b. A copy of the Joint Venture documents

☐ **BUSINESS ORGANIZATION**

Primary contact person \_\_\_\_\_  
Name Address

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Attach:

- ☐ a. List showing name, title, and address of each officer and board member or trustee
- ☐ b. A copy of the Business Organization documents



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## Office of Child Care Licensing

### CHILD CARE INFORMATION SHEET

**LIST OF ROOM(S) USED FOR CHILD CARE ARE:** CHECK ALL THAT APPLY

- ☐ LIVING ROOM  
☐ FAMILY ROOM/DEN  
☐ DINING ROOM  
☐ BEDROOM(S) → → → → How many? \_\_\_\_\_  
☐ OTHER \_\_\_\_\_  
☐ OTHER \_\_\_\_\_

**Cross streets of the residence:** \_\_\_\_\_

Is the residential building to be used for child care a mobile home, manufactured home or factory built building?

- ☐ yes      ☐ no      If yes, the year manufactured \_\_\_\_\_  
If yes, submit copies of ☐ the installation permit  
☐ the certificate of occupancy if a factory built building  
☐ the rehabilitation permit and certificate of compliance if a mobile home is rehabilitated

**SERVICES PROVIDED ARE:**

FULL DAY CARE	Y _____	N _____
PART DAY CARE	Y _____	N _____
EVENING & NIGHTTIME CARE	Y _____	N _____
INFANT CARE	Y _____	N _____
ONE YEAR OLD CHILD CARE	Y _____	N _____
SCHOOL-AGE CARE	Y _____	N _____

If applicable, list the name and address of the owner(s) or lessee(s) of agricultural land located within ¼ mile of the group home.

Name	Street	City	Zip Code

**Attach documentation of the Buffer Zone requirement recorded with the Office of the County Recorder.**

<b>FOR OFFICE USE ONLY:</b>	
SGH # _____	LICENSING SURVEYOR _____
APPROVED BY _____	ON DATE _____

## SGH # \_\_\_\_\_

A full-page sheet of white graph paper with a light gray grid. The grid consists of small squares, approximately 1 cm by 1 cm each. There are 20 columns and 20 rows of squares, creating a total area of 400 small squares. A thicker vertical line runs down the left side, about one-tenth of the way from the edge, serving as a margin. A thicker horizontal line runs across the middle, dividing the page into two equal halves. The entire grid is enclosed within a thin black border.

1. The location and dimensions of each room with indication of rooms designated to be used and not to be used for child care services, (30 square feet required per child):
2. The location of each exit from the residence; (two exits required)
3. The location of each sink and toilet to be used by enrolled children;
4. The location of each smoke or heat detector in the residence;
5. The location of each fire extinguisher in the residence;
6. The location of each telephone in the residence.

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## A full-page sheet of white graph paper with a uniform grid of thin black lines. The grid consists of small squares covering the entire area. There are no margins, text, or other markings on the page.

**Outdoor Site Plan** - indicate the following:

1. The location and dimensions of the outdoor activity area;
2. The height of the fence around the outdoor activity area;
3. The location of each exit from the outdoor activity area;
4. The location of the residential building;
5. The location of each swimming pool;
6. The location of the fence around each swimming pool;
7. The height of the fence around each swimming pool;
8. The location and dimensions of any other building or structure at the re

- Outdoor Site Plan** - indicate the following:
1. The location and dimensions of the outdoor activity area;
  2. The height of the fence around the outdoor activity area;
  3. The location of each exit from the outdoor activity area;
  4. The location of the residential building;
  5. The location of each swimming pool;
  6. The location of the fence around each swimming pool;
  7. The height of the fence around each swimming pool;
  8. The location and dimensions of any other building or structure at the re



## LS \_\_\_\_\_

Address	City	Zip
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[illegible]

Date \_\_\_\_\_